



NOTICE OF PRIVACY PRACTICES

King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Mental Health Plan

Effective Date: September 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY**

We are required by law to protect the privacy of your health information and to notify you if there is a breach of your unsecured protected health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your behavioral health condition, the provision of health care to you, or the payment of such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will update this notice. You may receive the most recent copy of this Notice by calling and asking for it, or by visiting our office to pick one. In all cases, we will post the revised notice on our website, <http://www.kingcounty.gov/healthservices/MentalHealth.aspx>. We reserve the right to make any revised or changed notice effective for information we already have and for information we receive in the future.

How We Use or Disclose Information

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for health care services you receive, and to operate our business. For example, we may use or disclose your health information:

- **For Treatment.** We may use or disclose health information to aid in your treatment or coordination of your care. For example, we may disclose information to other health care providers involved in your care, or to assist with housing placement activities if you are homeless.
- **For Payment** of premiums due to us and to determine your coverage. For example, we request payment from the Washington State Department of Social and Health Services (DSHS) / Health Care Authority (HCA). To authorize payment, DSHS/HCA needs information such as your diagnoses, services performed or recommended care.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. For example, staff may review records to assess quality and improve services, conduct program evaluation, review qualifications and performance of healthcare providers and to train our staff.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required or Allowed by Law.** We may disclose information when required or allowed to do so by law.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Disaster Relief Purposes.** We may disclose information about you to assist in disaster relief efforts.
- **To Report Suspected Abuse or Neglect** to public authorities as required by law.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** as allowed or required by law.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Specialized Government Functions** such as military and veterans activities, national security and intelligence activities, and the protective services for the President and others.
- **For Worker's Compensation** as authorized by, or to the extent necessary to comply with state workers compensation laws.

- **For Research Purposes** if the research has been approved and has policies to protect your privacy.
- **To Coroners, Medical Examiners, or Funeral Directors** consistent with applicable laws to allow them to carry out their duties.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclosure any information other than specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally –required notices of unauthorized acquisition, access, or disclosure of health information.

Most Uses and Disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization.

Your Health Information Rights

The health and billing records we create and store are the property of King County Mental Health, Chemical Abuse and Dependency Services Division. The health information in the records, however, generally belongs to you. You have a right to:

- **Receive a paper copy** of this Notice of Privacy Practices for Protected Health Information (“Notice”) from us.
- **Ask us to restrict** uses or disclosures of the health information for treatment, payment or health care operations. You must deliver this request in writing to the Privacy Officer at our office. We are not required to grant the request, but we will comply with any request granted.
- **Request that you be allowed to inspect** and purchase a copy of your health record. You must make this request in writing. We have a form available for this type of request.
- **Cancel prior authorizations** to use or disclose health information by giving us a written notice. A form is available for this purpose. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have received the written revocation.
- **Request that we amend** any of the health information used to make decisions about your care, including treatment or payment records. To do so, you must submit a written request to our Privacy Officer and tell us why you believe the information is incorrect. We may deny your request for an amendment if it is not in writing or does not include a reason for the request. We may also deny your request if you ask us to amend health information that:
 - was not created by us, unless you provide a reasonable basis that the person or entity that created the health information is no longer available to act on your request.
 - is not part of the health information we maintain to make decisions about your care;
 - is not part of the health information that you would be permitted to inspect or copy; or
 - is accurate and complete.

If your request to amend your health information is denied, we will send you a letter stating the reason for the denial. You may write a statement of disagreement if your request is denied. You may ask that your requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written statement of disagreement, we may prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

- **Request that we provide you with a list of disclosures** we have made of your health information for the prior six years. The list will not include certain disclosures of your health information such as those made for the purposes of treatment, payment and health care operations or disclosures that you authorized in writing. We have a form available for this type of request.
- **Ask that we communicate** with you about your health information by another means or at another location. Please make your request in writing, sign and date it. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your information, you may contact the Privacy Officer at 206-263-9000.

If you believe your privacy rights have been violated, you may deliver a written complaint to the Privacy Officer at 401 Fifth Avenue, Suite 400, Seattle, WA 98104. You may also file a complaint with the United States Secretary of Health and Human Services.

*We respect your right to file a complaint with us or with the Secretary of Health and Human Services.
If you choose to take this action, we will not retaliate against you.*

We have a website that provides information about us. For your benefit, this Notice is on the website at this address: <http://www.kingcounty.gov/healthservices/MentalHealth.aspx>.